

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK
ALBANY DIVISION

RUSH

-----X
In re:

HIGHGATE LTC MANAGEMENT, LLC,
d/b/a Northwoods Rehabilitation
& Extended Care Facilities
-----X

Case No.: 07-11068

Chapter 11

Jointly Administered

ADMINISTRATIVE EXPENSE CLAIM

This claim is submitted by the Creditors named below in accordance with the Notice of Deadline for Filing Certain Administrative Expenses dated July 20, 2009 by the Trustee, Mark I. Fishman. By this claim, Creditors seek, pursuant to section 503(b)(1)(A) and other sections of the Bankruptcy Code, confirmation of administrative expense status, and payment of Debtor's obligations, arising from Creditors' postpetition provision of goods and services to Debtor at each of Debtor's long-term care facilities.

1. Name of Creditors/Claimants:

Chem Rx Corporation and its subsidiaries, B.J.K. INC., d/b/a Chem Rx, and
ChemRx/Salerno's, LLC, d/b/a Chem Rx/Salernos.
(The Creditors/Claimants are collectively referred to herein as "Chem Rx".)

2. Name and address where notices (and payment) should be sent:

Chem Rx
750 Park Place
Long Beach, New York 11561
Attention: Abel Feldhamer, General Counsel

3. Nature and description of goods and services provided to the Debtor(s) postpetition:

Since January 1, 2009, Chem Rx has provided prescription and over-the-counter pharmaceuticals and health related products to Debtor(s) at Northwoods Rehabilitation and Extended Care Facility – Cortland, Northwoods Rehabilitation and Extended Care Facility – Troy, Northwoods Rehabilitation and Extended Care Facility – Hilltop and Northwoods Rehabilitation and Extended Care Facility – Rosewood Gardens.

CLERK OF THE
BANKRUPTCY COURT
N.D. OF NY
ALBANY

2009 AUG 19 AM 11:26

REC'D & FILED

4. Amount of claim based upon goods and services provided to the Debtor(s) postpetition (through and including July 20, 2009):

\$862,540.08

5. Documentation supporting the claim is attached hereto.

Attached hereto (i) as Exhibit A is a summary of balances owed by Debtor for goods and services that were provided to Debtor at each facility, reflecting reductions for any amounts previously paid by Debtor, (ii) as Exhibit B are monthly invoices for goods and services that were provided to Debtor at its Cortland facility during the period of January 1, 2009 through June 15, 2009, (iii) as Exhibit C are monthly invoices for goods and services that were provided to Debtor at its Cortland facility during the period of June 16, 2009 through July 20, 2009 (service and billing of Cortland facility was transferred from Chem Rx's Pennsylvania office to Chem Rx's Albany office on June 15th, resulting in two separate invoices for June 1st through June 15th and June 16th through June 30th), (iv) as Exhibit D are monthly invoices for goods and services that were provided to Debtor at its Troy facility during the period of January 1, 2009 through July 20, 2009, (v) as Exhibit E are monthly invoices for goods and services that were provided to Debtor at its Hilltop and (vi) as Exhibit F are monthly invoices for goods and services that were provided to Debtor at its Rosewood Gardens facility during the period of January 1, 2009 through July 20, 2009 facility. Each of the attached monthly invoices has previously been furnished to Debtor at its finance office located at 1805 Providence Avenue, Niskayuna, New York 12309, together with bills detailing information about the goods and services provided and the residents in each facility for whom they have been provided. The detailed bills have not been attached hereto, as they are voluminous and contain confidential health care information, but they can be furnished upon request (with any confidential information redacted). Chem Rx reserves the right to assert any claims with respect to the balances described in the attached invoices, as well any balances which have accrued for goods and services that were provided to Debtor after July 20, 2009.

6. Account reference by which Creditor identifies Debtor:

CTL - Northwoods Rehabilitation and Extended Care Facility – Cortland
TPK - Northwoods Rehabilitation and Extended Care Facility – Troy
HTP - Northwoods Rehabilitation and Extended Care Facility – Hilltop
RSD - Northwoods Rehabilitation and Extended Care Facility – Rosewood Gardens

Debtor may have scheduled accounts as:

N/A - Northwoods Rehabilitation and Extended Care Facility – Cortland
86879 - Northwoods Rehabilitation and Extended Care Facility – Troy
86272 - Northwoods Rehabilitation and Extended Care Facility – Hilltop
86274 - Northwoods Rehabilitation and Extended Care Facility – Rosewood Gardens

7. Secured claim: N/A

8. Credits:

As indicated in the attached invoices, Chem Rx has received payments from Debtor totaling \$110,907.37 and \$110,733.71 on May 18, 2009 and July 1, 2009, respectively, and such amounts have been credited against the Debtor's balances for the months of January, 2009 and February, 2009.

Date: August 18, 2009


Signature: 
Name: Abel Feldhamer
Title: General Counsel
Address: Chem Rx
750 Park Place
Long Beach, New York 11561
Phone: (516) 889-8770, ext. 492
Fax: (516) 431-2378
Email: afeldhamer@chemrx.net

EXHIBIT A

Summary of Balances Owed by Facility

Northwoods Group

Summary of Balances Owed by Facility

	Jan '09	Feb '09	Mar '09	Apr '09	May '09	Jun '09	Jul 1-20 '09	Total
CORTLAND (PA)	56,454.72	27,323.70	47,570.00	42,615.00	44,587.00	21,686.00		240,236.42
Amount Paid	(22,015.98)	(15,146.57)						(37,162.55)
Balance Due	34,438.74	12,177.13	47,570.00	42,615.00	44,587.00	21,686.00		203,073.87
CORTLAND (Albany)*						19,822.00	21,031.75	19,822.00
Amount Paid								0.00
Balance Due						19,822.00	21,031.75	19,822.00
TROY	35,105.04	28,525.16	38,422.00	32,739.00	31,448.00	36,593.00	4,175.28	207,007.48
Amount Paid	(19,394.00)	(17,328.89)						(36,722.89)
Balance Due	15,711.04	11,196.27	38,422.00	32,739.00	31,448.00	36,593.00	4,175.28	170,284.59
HILLTOP	76,525.85	76,036.57	80,234.00	77,651.00	77,412.00	87,418.00	52,231.81	537,509.23
Amount Paid	(61,012.99)	(72,019.45)						(133,032.44)
Balance Due	15,512.86	4,017.12	80,234.00	77,651.00	77,412.00	87,418.00	52,231.81	404,476.79
ROSEWOOD	14,217.15	9,262.75		16,615.00	16,457.00	15,786.00	7,268.13	79,606.03
Amount Paid	(8,484.40)	(6,238.80)						(14,723.20)
Balance Due	5,732.75	3,023.95	0.00	16,615.00	16,457.00	15,786.00	7,268.13	64,882.83
Total Balance Due**	71,395.39	30,414.47	178,226.00	169,620.00	169,904.00	181,305.00	84,706.97	862,540.08

* Service and billing of Cortland facility was transferred from Chem Rx's PA office to Chem Rx's Albany office on 6/15, resulting in separate bills for 6/1-6/15 and 6/16-6/30.

** Total Balance reflects reductions for amounts paid, which have been applied to January and February balances.

EXHIBIT B

Cortland Monthly Invoices for 1/1/09 – 6/15/09

CHEM RX
SALERNO

NORTHWOOD AT PORTLAND

JANUARY 2009

Statement Recap

Medicaid	\$27,002.21
Medicare	\$21,380.32
WORKERS COMP	\$548.71
HOUSE CHARGE	\$3,643.47
MANAGED CARE	\$677.72
BLUE CROSS/OTHER	\$730.63
VETERANS AFFAIRS	\$2,471.66

TOTAL

\$56,454.72

MED TOTAL

AMT Paid - 22,015.98

Bal Due 34,438.74



NORTHWOODS AT CORTLAND

FEBRUARY 2009

Statement Recap

Medicaid	\$11,964.92	
Medicare	\$6,650.62	
WORKERS COMP	\$588.53	
MANAGED CARE	\$3,520.32	
BLUE CROSS/OTHER	\$1,100.17	
VETERANS AFFAIRS	\$310.90	
HMO	\$402.99	
 <u>STOCK</u>		
2ND FLOOR	\$32.31	
1ST FLOOR	\$2,752.94	
 TOTAL	 \$27,323.70	 MED TOTAL

amt paid - 15,146.57

Bal 12,177.13



NORTHWOODS AT CORTLAND

MARCH 2009

Statement Recap

Medicaid	\$20,257.67
Medicare	\$11,798.09
WORKERS COMP	\$2,711.77
MANAGED CARE	\$3,520.32
BLUE CROSS/OTHER	\$1,100.17
VETERANS AFFAIRS	\$4,293.20
HMO	\$939.74

STOCK

2ND FLOOR	\$196.14
1ST FLOOR	\$2,752.94

TOTAL	\$47,570.04	MED TOTAL
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NORTHWOODS AT CORTLAND

APRIL 2009

Statement Recap

CREDITS/ADJUSTMENT

Medicaid	\$21,703.00	\$ (215.86)
Medicare	\$12,076.08	
WORKERS COMP	\$2,989.62	
MANAGED CARE	\$0.00	
BLUE CROSS/OTHER	\$1,011.01	
VETERANS AFFAIRS	\$3,328.66	
HMO	\$90.51	
<u>STOCK</u>		
2ND FLOOR	\$431.18	
3RD FLOOR	\$311.13	
1ST FLOOR	\$890.64	
MISC	\$18.90	\$ (18.90)
		\$ (234.76)
TOTAL	\$42,615.97	MED TOTAL



NORTHWOODS AT CORTLAND

MAY 2009

Statement Recap

Medicaid	\$18,701.38
Medicare	\$13,075.02
WORKERS COMP	\$3,974.74
MANAGED CARE	\$2,662.70
BLUE CROSS/OTHER	\$958.66
VETERANS AFFAIRS	\$2,307.79
HMO	\$0.00

STOCK

1ST FLOOR	\$1,969.18
2ND FLOOR	\$323.38
3RD FLOOR	\$0.00
MISC	\$614.64

TOTAL	\$44,587.49	MED TOTAL
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NORTHWOODS AT CORTLAND

JUNE 2009

Statement Recap

Medicaid	\$7,017.17
Medicare	\$7,048.81
WORKERS COMP	\$2,672.40
MANAGED CARE	\$3,150.53
BLUE CROSS/OTHER	\$582.52
VETERANS AFFAIRS	\$1,124.95
HMO	\$0.00
MA PENDING	\$5.90

STOCK

1ST FLOOR	\$30.24
2ND FLOOR	\$6.30
3RD FLOOR	\$0.00
MISC	\$47.59

TOTAL	\$21,686.41	MED TOTAL
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EXHIBIT C

Cortland Monthly Invoices for 6/16/09 – 7/20/09

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: CTL		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-CORTLAND			
		28 KELOGG ROAD			
		CORTLAND, NY 13045		Period: 6/15/09-6/30/09	
MAIL TO:		WALTER WINIARCZYK ADMINISTRATOR IN FACILITY		PHONE:	
MAIL TO:		JEFF HOFFMAN IN BUSINESS OFFICE			
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP			
		1808 PROVIDENCE AVE.		Date Sent: 7/15/09 LA	
		NISKAYUNA, NY 12309			
PREVIOUS BALANCE BROUGHT FORWARD					
	Date	Amount	Date	Amount	Date
PAYMENTS					
PREVIOUS BALANCE DUE					
CURRENT CHARGES					
			Residents:	100	
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits
CASH	142	\$8,936.83		\$398.13	
PDP COPAYS	56		\$587.83		
OTHER 3RD PARTY COPAY					
HMO	89	\$6,735.55		\$90.81	
MEDICARE (MC1)	79	\$3,040.01		\$129.23	
MEDICAID (NYM)	164	\$7,857.88		\$15.03	
PMA	2	\$274.58			
TOTAL	532	\$26,844.95	\$587.83	\$633.00	
					\$19,822.40
STOCK DRUGS					
	Account#	Amount		Account#	Amount
MISC. FLU					
	Account#	Amount		Account#	Amount
MISC. E-BOX					
	Account#	Amount		Account#	Amount
MISC:					
	Description			Amount	
BALANCE DUE FOR JUN 2009					
					\$19,822.40
TOTAL BALANCE DUE:					\$19,822.40
Date	Amount				
Jun-09	\$19,822.40				
TOTAL					\$19,822.40

ACCT: CTL	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-CORTLAND 28 KELOGG ROAD CORTLAND, NY 13045		Period: 7/1/09-7/20/09				
MAIL TO:	ADMINISTRATOR IN FACILITY		PHONE:				
MAIL TO:	JEFF HOFFMAN IN BUSINESS OFFICE NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP 1805 PROVIDENCE AVE. NISKAYUNA, NY 12309		Date Sent: 8/17/09 CM				
PREVIOUS BALANCE BROUGHT FORWARD							
	Date	Amount	Date Amount Date				
PAYMENTS							
PREVIOUS BALANCE DUE							
CURRENT CHARGES							
PLAN	Rx Charges	COPAYS	PHARM DISC. Total				
	\$29,783.58	\$183.24	(\$8,935.07) \$21,031.75				
TOTAL \$29,783.58 \$183.24 (\$8,935.07) \$21,031.75							
MISC:							
	Description	Amount					
BALANCE DUE FOR JULY 1, 2009 - JULY 20, 2009							
TOTAL BALANCE DUE:							
<table border="1"> <tr> <th>Date</th> <th>Amount</th> </tr> <tr> <td>7/1/09-7/20/09</td> <td>\$21,031.75</td> </tr> </table>			Date	Amount	7/1/09-7/20/09	\$21,031.75	TOTAL \$21,031.75
Date	Amount						
7/1/09-7/20/09	\$21,031.75						

EXHIBIT D

Troy Monthly Invoices for 1/1/09 – 7/20/09

CREM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: TPK		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY		Period:		1/8/09-1/31/09											
		1805 PROVIDENCE															
		NISKAYUNA, NY 12309															
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE		PHONE:		REVISED SENT: 6/6/09 CH											
		DEBBIE BREININGER@NORTHWOODSHEALTH.NET															
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILL TOP															
		1805 PROVIDENCE AVE.		Date Sent:		2/8/2009											
		NISKAYUNA, NY 12309															
PREVIOUS BALANCE BROUGHT FORWARD																	
<table border="1"> <thead> <tr> <th>Date</th> <th>Amount</th> <th>Date</th> <th>Amount</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td colspan="5">PAYMENTS</td> </tr> </tbody> </table>								Date	Amount	Date	Amount	Date	PAYMENTS				
Date	Amount	Date	Amount	Date													
PAYMENTS																	
PREVIOUS BALANCE DUE																	
CURRENT CHARGES																	
				Residents: 93													
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC.	Total										
CASH	134	\$10,039.44		\$775.20	(\$796.20)	(\$3,005.53)	\$7,012.91										
PDP COPAYS	18		\$36.64				\$36.64										
OTHER 3RD PARTY COPAY	1		\$20.00				\$20.00										
HMO	179	\$11,419.87		\$291.92	(\$1,417.04)	(\$3,088.37)	\$7,206.19										
MEDICARE (MC1)	464	\$29,899.48		\$774.32	(\$3,699.55)	(\$8,032.28)	\$18,741.98										
MEDICAID (NYM)	28	\$2,759.74			(\$5.05)	(\$826.41)	\$1,928.28										
PMA																	
TOTAL	824	\$53,918.33	\$56.64	\$1,841.44	(\$5,917.84)	(\$14,952.58)	\$34,945.99										
							\$34,945.99										
STOCK DRUGS																	
Account#		Amount		Account#		Amount											
MISC. FLU																	
Account#		Amount		Account#		Amount											
MISC. E-BOX																	
Account#		Amount		Account#		Amount											
ACCT# 86879		\$144.20		ACCT# 86881		\$9.90											
ACCT# 86880		\$4.95															
							\$159.05										
							\$159.05										
MISC:																	
Description						Amount											
BALANCE DUE FOR JANUARY 2009							\$35,105.04										
TOTAL BALANCE DUE:							\$35,105.04										
Date		Amount															
REV JAN-09		\$35,105.04															
TOTAL				\$35,105.04													
Amount Paid		(18,786.87)															
Adjustment		(807.13)															
Balance Due		\$16,711.04															

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: TPK		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY 1805 PROVIDENCE NISKAYUNA, NY 12309		Period:	2/5/09-2/28/09
MAIL TO:		DEBBIE BREININGER- FINANCE OFFICE DEBBIE BREININGER@NORTHWOODSHEALTH.NET NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP 1805 PROVIDENCE AVE NISKAYUNA, NY 12309		PHONE:	REVISED SENT: 6/5/09 CH
				Date Sent:	3/07/09 LA
PREVIOUS BALANCE BROUGHT FORWARD					\$35,105.04
PAYMENTS		Date	Amount	Date	Amount
PREVIOUS BALANCE DUE					\$36,185.04
CURRENT CHARGES		Residents: 83			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits
CASH	134	\$10,054.45		\$717.99	(\$555.42)
PDP COPAYS	37		\$204.77		
OTHER 3RD PARTY COPAY					
HMO	49	\$4,158.61		\$13.18	(\$684.50)
MEDICARE (MC1)	386	\$24,339.97		\$488.64	(\$3,457.57)
MEDICAID (NYM)	68	\$4,852.96		\$31.04	(\$1,465.20)
PMA					
TOTAL	674	\$43,405.99	\$204.77	\$1,250.85	(\$4,697.49)
					(\$11,987.61)
					\$28,176.32
					\$28,176.32
STOCK DRUGS		Account#	Amount	Account#	Amount
		ACCT# 86273	\$158.99		
					\$158.99
					\$158.99
MISC. FLU		Account#	Amount	Account#	Amount
MISC. E-BOX		Account#	Amount	Account#	Amount
		ACCT# 86879	\$189.85	ACCT# 86881	
		ACCT# 86880			
					\$189.85
					\$189.85
MISC:		Description		Amount	
BALANCE DUE FOR FEBRUARY 2009					\$28,525.16
					Amount Paid (17,328.89)
					Balance Due \$11,196.27

ACCT: TPK		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY		1805 PROVIDENCE		NISKAYUNA, NY 12309		Period: 3/8/09-3/31/09			
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILL TOP		1805 PROVIDENCE AVE.		NISKAYUNA, NY 12309		REVISED SENT: 6/5/09 CH			
								Date Sent: 4/08/09 LA			
MAIL ATTN:		DEBBIE BREININGER: FINANCE OFFICE		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET							
MAIL ATTN:		ADMINISTRATOR									
PREVIOUS BALANCE BROUGHT FORWARD										\$63,630.20	
PAYMENTS		Date		Amount		Date		Amount		Date	
PREVIOUS BALANCE DUE										\$63,630.20	
CURRENT CHARGES		Residents:		95							
PLAN		Total RXs		Rx Charges		Co-Pays		OTC Charges		Rx Credits	
CASH		129		\$7,085.18				\$933.72			
PDP COPAYS		52				\$199.34					
OTHER 3RD PARTY COPAY											
HMO		130		\$8,882.72				\$85.18		(\$29.77)	
MEDICARE (MC1)		427		\$35,866.47				\$303.35		(\$4,279.85)	
MEDICAID (NYM)		64		\$5,262.27				\$98.63		(\$1,607.67)	
PMA											
TOTAL		802		\$58,916.62		\$199.34		\$1,418.89		(\$4,309.62)	
										(\$16,207.77)	
										\$38,017.48	
STOCK DRUGS		Account#		Amount		Account#		Amount			
		ACCT# 86273		\$3,565.52							
										\$3,565.52	
										\$3,565.52	
MISC. FLU		Account#		Amount		Account#		Amount			
MISC. E-BOX		Account#		Amount		Account#		Amount			
		ACCT# 86879		\$205.95		ACCT# 86881					
		ACCT# 86880				ACCT# 86882		\$28.05		\$234.00	
										\$234.00	
MISC:		Description						Amount			
STAT DOSE PHARMACY CHG		CVS PHARMACY CHARGES 1/08/09-1/09/09						\$328.96			
PDP REBILLING		HALPIN, ROBERT 2/02/09-2/25/09						(\$3,040.04)			
PDP REBILLING		RULLER, LINDA 2/03/09-2/17/09						(\$259.87)			
PDP REBILLING		BERTASSO, DOROTHY 2/04/09-2/25/09						(\$154.07)			
PDP REBILLING		CIOFFI, MARTHA 2/17/2009						(\$199.45)			
PDP REBILLING		HOOTEN, MARY 2/08/2009						(\$53.35)			
INS REBILLING		FOWLER, SHIRLEY 2/02/09-2/14/09						(\$10.24)			
INS REBILLING		HISERT, MILDRED 2/23/2009						(\$6.51)			
										(\$3,394.57)	
										(\$3,394.57)	
BALANCE DUE FOR MARCH 2009										\$38,422.41	

ACCT: TPK		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY						
		1805 PROVIDENCE						
		NISKAYUNA, NY 12309				Period:	4/1/09-4/30/09	
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE				PHONE:	REVISED SENT:	6/5/09 CH
		DEBBIE BREININGER@NORTHWOODSHEALTH.NET						
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP						
		1805 PROVIDENCE AVE.				Date Sent:	5/05/09 LA	
		NISKAYUNA, NY 12309						
PREVIOUS BALANCE BROUGHT FORWARD								\$102,052.61
		Date	Amount	Date	Amount	Date		
PAYMENTS								
PREVIOUS BALANCE DUE								\$102,062.61
CURRENT CHARGES								
				Residents:	83			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC.	Total	
CASH	127	\$8,127.95		\$1,564.18	(\$25.80)	(\$2,899.90)	\$6,766.43	
PDP COPAYS	60		\$283.11				\$283.11	
OTHER 3RD PARTY CQPAY								
HMO	99	\$7,678.47		\$50.64	(\$1,763.07)	(\$1,789.81)	\$4,176.23	
MEDICARE (MC1)	386	\$28,345.04		\$968.82	(\$6,023.99)	(\$6,986.99)	\$16,302.88	
MEDICAID (NYM)	79	\$5,848.80		\$32.74	(\$191.59)	(\$1,706.99)	\$3,982.97	
PMA	16	\$581.23		\$28.94		(\$183.05)	\$427.12	
TOTAL	767	\$50,581.49	\$283.11	\$2,645.42	(\$8,004.45)	(\$13,566.74)	\$31,938.83	\$31,938.83
STOCK DRUGS								
	Account#	Amount			Account#	Amount		
	ACCT# 86273	\$526.45						
							\$526.45	\$526.45
MISC. FLU								
	Account#	Amount			Account#	Amount		
MISC. E-BOX								
	Account#	Amount			Account#	Amount		
	ACCT# 86879	\$38.80			ACCT# 86881			
	ACCT# 86880				ACCT# 86882	\$235.65	\$274.45	\$274.45
MISC:								
	Description					Amount		
BALANCE DUE FOR APRIL 2009:								\$32,739.73

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: TPK	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY						
	1605 PROVIDENCE						
	NISKAYUNA, NY 12309						Period: 5/1/09-5/31/09
	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP						
	1605 PROVIDENCE AVE.						Date Sent: 6/04/09 LA
	NISKAYUNA, NY 12309						
MAIL ATTN:	DEBBIE BREININGER: FINANCE OFFICE						DEBBIE.BREININGER@NORTHWOODSHEALTH.NET
MAIL ATTN:	ADMINISTRATOR						
PREVIOUS BALANCE BROUGHT FORWARD							\$134,792.34
	Date	Amount	Date	Amount	Date		
PAYMENTS	5/18/2009	(\$18,786.87)				(\$18,786.87)	
PREVIOUS BALANCE DUE							\$116,006.47
CURRENT CHARGES							
			Residents:	100			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC. Total	
CASH	178	\$11,774.71		\$1,970.52	(\$690.01)	(\$3,916.57) \$9,138.65	
PDP COPAYS	55		\$381.58			\$381.58	
OTHER 3RD PARTY COPAY	13		\$142.24			\$142.24	
HMO	97	\$9,651.58		\$92.13	(\$1,054.02)	(\$2,606.91) \$8,082.78	
MEDICARE (MC1)	295	\$25,527.39		\$411.58	(\$8,238.34)	(\$5,310.19) \$12,390.44	
MEDICAID (NYM)	71	\$4,872.15		\$81.83	(\$91.66)	(\$1,458.70) \$3,403.62	
PMA	6	\$175.50		\$13.89	(\$305.58)	(\$116.19)	
TOTAL	715	\$52,001.33	\$523.82	\$2,568.95	(\$10,379.61)	(\$13,292.36) \$31,423.13	
STOCK DRUGS							
	Account#	Amount		Account#	Amount		
	ACCT# 86273						
MISC. FLU							
	Account#	Amount		Account#	Amount		
MISC. E-BOX							
	Account#	Amount		Account#	Amount		
	ACCT# 86879	\$18.85		ACCT# 86881			
	ACCT# 86880	\$6.45		ACCT# 86882		\$25.30	
MISC:							
	Description				Amount		
BALANCE DUE FOR MAY 2009							\$31,448.43

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: TPK	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY						
	1805 PROVIDENCE						
	NISKAYUNA, NY 12308					Period:	6/1/09-6/30/09
	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP						
	1805 PROVIDENCE AVE.					Date Sent:	7/09/09 LA
	NISKAYUNA, NY 12308						
MAIL ATTN:	Brenda Tanner: FINANCE OFFICE		brenda.tanner@northwoodshealth.net				
MAIL ATTN:	ADMINISTRATOR						
PREVIOUS BALANCE BROUGHT FORWARD							\$147,453.90
	Date	Amount	Date	Amount	Date		
PAYMENTS	JAN-09 ADJ	(\$607.13)					
						(\$607.13)	
PREVIOUS BALANCE DUE							\$146,846.77
CURRENT CHARGES							
			Residents:	90			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC.	Total
CASH	120	\$9,416.41		\$1,219.40	(\$94.93)	(\$3,162.26)	\$7,378.82
PDP COPAYS	84		\$488.60				\$488.60
OTHER 3RD PARTY COPAY	36		\$810.32				\$810.32
HMO	127	\$12,024.53		\$195.38	(\$1,901.47)	(\$3,095.53)	\$7,222.91
MEDICARE (MC1)	324	\$23,800.99		\$953.91	(\$2,390.05)	(\$6,849.46)	\$15,515.40
MEDICAID (NYM)	74	\$8,179.61		\$94.13	(\$109.59)	(\$1,849.25)	\$4,314.91
PMA	2			\$17.88	(\$4.95)	(\$3.88)	\$9.05
TOTAL	767	\$51,221.54	\$1,306.92	\$2,480.70	(\$4,500.99)	(\$14,760.38)	\$35,747.80
							\$35,747.80
STOCK DRUGS							
	Account#	Amount		Account#	Amount		
	ACCT# 86273	\$213.59					
							\$213.59
							\$213.59
MISC. FLU							
	Account#	Amount		Account#	Amount		
MISC. E-BOX							
	Account#	Amount		Account#	Amount		
	ACCT# 86879	\$371.65		ACCT# 86881	\$235.65		
	ACCT# 86880	\$33.30		ACCT# 86882		\$640.80	\$640.80
MISC:							
HMO ADJUSTMENT	Description				Amount		
	DONLON, ADDIE 1/07/2009				(\$8.99)		
						(\$8.99)	(\$8.99)
BALANCE DUE FOR JUNE 2009							\$36,693.00

CHEM RX 750 Park Place Long Beach, NY 11561 PHONE 516-889-8770 FAX 516-889-8732					
ACCT: TPK		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-TROY			
		1805 PROVIDENCE			
		NISKAYUNA, NY 12309	Period:		7/1/09-7/20/09
MAIL TO:		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP			
		1805 PROVIDENCE AVE.			
		NISKAYUNA, NY 12309			
		Date Sent:		8/17/09 CH	
PREVIOUS BALANCE BROUGHT FORWARD					
	Date	Amount	Date	Amount	Date
PAYMENTS					
PREVIOUS BALANCE DUE					
CURRENT CHARGES					
PLAN	Rx Charges	COPAYS	PHARM DISC.	Total	
	\$5,496.45	\$326.36	(\$1,649.54)	\$4,175.28	
TOTAL					
	\$5,496.45	\$326.36	(\$1,649.54)	\$4,175.28	
MISC:					
	Description	Amount			
BALANCE DUE FOR JULY 1, 2009 - JULY 20, 2009					
TOTAL BALANCE DUE:					
Date Amount					
7/1/09-7/20/09 \$4,175.28					
TOTAL \$4,175.28					

EXHIBIT E

Hilltop Monthly Invoices for 1/1/09 – 7/20/09

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: HTP		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-KILLTOP																																					
		1805 PROVIDENCE AVE.																																					
		NISKAYUNA, NY 12309		Period:		1/1/09-1/31/09																																	
ATTN:		DEBBIE BREININGER: FINANCE OFFICE		PHONE:																																			
		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET				REVISED SENT: 6/8/09 CH																																	
				Date Sent:		2/10/09 CH																																	
PREVIOUS BALANCE BROUGHT FORWARD																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PAYMENTS</td> <td>Date</td> <td>Amount</td> <td>Date</td> <td>Amount</td> <td>Date</td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								PAYMENTS	Date	Amount	Date	Amount	Date																										
PAYMENTS	Date	Amount	Date	Amount	Date																																		
PREVIOUS BALANCE DUE																																							
CURRENT CHARGES																																							
				Residents:	122																																		
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC	Total																																
CASH	176	\$13,782.00		\$457.44	(\$318.30)	(\$4,176.34)	\$8,744.80																																
PDP COPAYS	3		\$11.10				\$11.10																																
OTHER 3RD PARTY COPAY																																							
HMO	314	\$20,977.20		\$443.20	(\$1,274.62)	(\$6,043.73)	\$14,102.05																																
MEDICARE (MC1)	827	\$43,466.88		\$688.72	(\$3,483.25)	(\$12,201.71)	\$28,470.65																																
MEDICAID (NYM)	325	\$33,481.87		\$182.20	(\$118.69)	(\$10,060.61)	\$23,474.77																																
PMA																																							
TOTAL	1445	\$111,717.98	\$11.10	\$1,751.56	(\$5,194.66)	(\$32,482.40)	\$75,803.36																																
							\$75,803.36																																
STOCK DRUGS	Account#	Amount		Account#	Amount																																		
	86272	\$722.49																																					
							\$722.49																																
							\$722.49																																
MISC. FLU	Account#	Amount		Account#	Amount																																		
MISC. E-BOX	Account#	Amount		Account#	Amount																																		
MISC:	Description				Amount																																		
BALANCE DUE FOR JANUARY 2008							\$76,525.85																																
TOTAL BALANCE DUE:							\$76,525.85																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Amount</td> </tr> <tr> <td>REV JAN-09</td> <td>\$76,525.85</td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>							Date	Amount	REV JAN-09	\$76,525.85	TOTAL																												
Date	Amount																																						
REV JAN-09	\$76,525.85																																						
TOTAL																																							
							\$76,525.85																																
Amount Paid	(61,012.98)																																						
Balance Due	\$15,512.88																																						

ACCT: HTP		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP 1805 PROVIDENCE AVE. MISKAYUNA, NY 12599						Period:	2/1/09-2/28/09	
ATTN:		DEBBIE BREININGER: FINANCE OFFICE DEBBIE.BREININGER@NORTHWOODSHEALTH.NET						PHONE:		
								REVISED SENT:	C/MOS CH	
PREVIOUS BALANCE BROUGHT FORWARD							Date Sent:	3/07/09 LA		
								\$76,525.85		
PAYMENTS	Date	Amount	Date	Amount	Date					
PREVIOUS BALANCE DUE										
CURRENT CHARGES							Residents:	123		
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC	Total			
CASH	122	\$8,516.76		\$350.27	(\$879.45)	(\$1,796.27)	\$4,191.31			
PDP COPAYS	42		\$175.78				\$175.78			
OTHER 3RD PARTY COPAY										
HMO	295	\$28,425.03		\$430.25	(\$3,238.55)	(\$7,695.02)	\$17,931.71			
MEDICARE (MC1)	504	\$31,628.01		\$570.53	(\$5,917.23)	(\$7,884.39)	\$18,398.92			
MEDICAID (NYM)	441	\$48,278.08		\$284.59	(\$530.07)	(\$14,409.78)	\$33,622.82			
PMA	20	\$1,347.81		\$95.11	(\$404.51)	(\$311.52)	\$726.89			
TOTAL	1424	\$116,195.66	\$175.78	\$1,730.75	(\$10,969.81)	(\$32,086.99)	\$75,045.40	\$75,045.40		
STOCK DRUGS	Account#	Amount		Account#	Amount					
	86272	\$754.27								
							\$754.27	\$754.27		
MISC. FLU	Account#	Amount		Account#	Amount					
MISC. E-BOX	Account#	Amount		Account#	Amount					
	87166	\$238.80								
							\$238.80	\$238.80		
MISC.	Description				Amount					
BALANCE DUE FOR FEBRUARY 2009								\$76,036.57		
							Amt Paid	(72,018.45)		
							Balance Due	\$4,017.12		

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: HTP		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP																											
		1605 PROVIDENCE AVE.																											
		NISKAYUNA, NY 12589																											
		Period:		3/1/09-3/31/09																									
ATTN:		DEBBIE BRENNINGER: FINANCE OFFICE		PHONE:																									
		DEBBIE.BRENNINGER@NORTHWOODSHEALTH.NET		REVISED SENT: 6/5/09 CH																									
				Date Sent: 4/10/09 LA																									
PREVIOUS BALANCE BROUGHT FORWARD					\$152,562.42																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PAYMENTS</th> <th>Date</th> <th>Amount</th> <th>Date</th> <th>Amount</th> <th>Date</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						PAYMENTS	Date	Amount	Date	Amount	Date																		
PAYMENTS	Date	Amount	Date	Amount	Date																								
PREVIOUS BALANCE DUE					\$152,562.42																								
CURRENT CHARGES																													
Residents: 118																													
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits																								
CASH	198	\$13,661.81		\$717.82	(\$566.18)																								
PDP COPAYS	71		\$210.08																										
OTHER 3RD PARTY COPAY	13		\$246.38																										
HMO	387	\$38,221.65		\$715.13	(\$2,540.18)																								
MEDICARE (MC1)	376	\$31,026.66		\$616.24	(\$5,743.65)																								
MEDICAID (NYM)	450	\$49,651.53	\$87.30	\$402.83	(\$591.66)																								
PMA	12	\$653.41		\$90.68	(\$348.68)																								
					(\$115.62)																								
TOTAL	1507	\$133,215.16	\$543.76	\$2,532.80	(\$9,793.65)																								
					(\$37,786.32)																								
					\$88,711.85																								
STOCK DRUGS	Account#	Amount		Account#	Amount																								
	86272	\$656.83																											
					\$656.83																								
					\$656.83																								
MISC. FLU	Account#	Amount		Account#	Amount																								
MISC. E-BOX	Account#	Amount		Account#	Amount																								
	87186	\$952.25																											
					\$952.25																								
					\$952.25																								
MISC:	Description			Amount																									
STAT DOSE PHARMACY CHG	CVS PHARMACY CHARGES 1/08/09-2/18/09			\$655.43																									
PDP REBILLING	CHERNEY, VICKY 2/13/2009			(\$3.76)																									
INS REBILLING	FITZSIMMONS, TIMOTHY 1/07/08-2/26/09			(\$738.26)																									
				(\$86.59)																									
					(\$86.59)																								
BALANCE DUE FOR MARCH 2009					\$80,234.44																								

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: NTP		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-KILL TOP							
		1805 PROVIDENCE AVE.							
		NISKAYUNA, NY 12139		Period:		4/1/09-4/30/09			
ATTN:		DEBBIE BREININGER, FINANCE OFFICE		PHONE:					
		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET				REVISED SENT:		6/3/09 CH	
						Date Sent:		5/06/09 LA	
PREVIOUS BALANCE BROUGHT FORWARD								\$242,796.88	
PAYMENTS		Date	Amount	Date	Amount	Date			
PREVIOUS BALANCE DUE								\$242,796.88	
CURRENT CHARGES				Residents:		118			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC	Total		
CASH	210	\$18,083.85		\$813.39	(\$49.50)	(\$5,318.32)	\$12,409.42		
PDP COPAYS	68		\$456.01				\$456.01		
OTHER 3RD PARTY COPAY	2		\$60.00				\$60.00		
HMO	383	\$29,195.57		\$453.27	(\$3,453.33)	(\$7,856.65)	\$18,338.86		
MEDICARE (MC1)	358	\$27,658.58		\$580.42	(\$10,730.33)	(\$5,222.60)	\$12,166.07		
MEDICAID (NYM)	478	\$47,374.73	\$83.80	\$492.51	(\$662.15)	(\$14,161.53)	\$33,127.46		
PMA	2			\$12.95	(\$6.40)	(\$1.97)	\$4.59		
TOTAL	1501	\$121,092.73	\$599.91	\$2,352.54	(\$14,901.71)	(\$32,563.07)	\$76,580.40	\$76,580.40	
STOCK DRUGS	Account#	Amount	Account#		Amount				
	86272	\$7.51							
							\$7.51	\$7.51	
MISC. FLU	Account#	Amount	Account#		Amount				
MISC. E-BOX	Account#	Amount	Account#		Amount				
	87186	\$1,095.65							
							\$1,095.65	\$1,095.65	
MISC:	Description					Amount			
PDP REBILLING	FITZSIMMONS, TIMOTHY 3/27/2009					(\$27.91)			
PDP COPAY REBILLING	FITZSIMMONS, TIMOTHY 3/07/2009					(\$4.68)			
						(\$32.49)	(\$32.49)		
BALANCE DUE FOR APRIL 2009								\$77,661.07	

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: HTP		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-MILLTOP		Period: 6/1/09-6/31/09	
		1805 PROVIDENCE AVE.			
		ROCKAWAY, NY 12309			
MAIL ATTN:		Brenda Tenner, FINANCE OFFICE		brenda.tenner@northwoodshcny.net	
MAIL ATTN:		ADMINISTRATOR			
				Date Sent:	6/04/09 LA
PREVIOUS BALANCE BROUGHT FORWARD					\$320,447.93
PAYMENTS	Date	Amount	Date	Amount	Date
	5/18/2009	(\$61,012.99)			
					(\$61,012.99)
PREVIOUS BALANCE DUE					\$288,434.94
CURRENT CHARGES					
Residents: 120					
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits
CASH	282	\$18,795.03		\$968.39	(\$154.35)
PDP COPAYS	110		\$970.82		(\$5,882.12)
OTHER 3RD PARTY COPAY	2		\$41.60		
HMO	252	\$23,355.62		\$192.83	(\$5,268.83)
MEDICARE (MC1)	413	\$32,786.83		\$368.65	(\$5,111.22)
MEDICAID (NYM)	420	\$42,318.82		\$274.47	(\$342.23)
PMA	1			\$14.48	(\$14.58)
TOTAL	1460	\$117,257.50	\$1,012.22	\$1,814.82	(\$10,891.21)
					\$78,739.04
STOCK DRUGS	Account#	Amount		Account#	Amount
	86272				
MISC. FLU	Account#	Amount		Account#	Amount
MISC. E-BOX	Account#	Amount		Account#	Amount
	87168	\$673.85			
					\$673.85
MISC:	Description			Amount	
BALANCE DUE FOR MAY 2009					\$77,412.89

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: HTP	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP						
	1805 PROVIDENCE AVE.						
	NISKAYUNA, NY 12309						
	Period:					6/1/09-6/30/09	
MAIL ATTN:	Brenda Tenner, FINANCE OFFICE					brenda.tenner@northwoodshsalth.net	
MAIL ATTN:	ADMINISTRATOR						
						Date Sent:	7/09/09 LA
PREVIOUS BALANCE BROUGHT FORWARD							\$338,847.83
PAYMENTS	Date	Amount	Date	Amount	Date		
	JAN-09 ADJUST	(\$1,281.22)					(\$1,281.22)
PREVIOUS BALANCE DUE							\$335,588.61
CURRENT CHARGES							
	Residents:					115	
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC	Total
CASH	229	\$20,009.52		\$1,273.37	(\$76.10)	(\$6,362.04)	\$14,844.79
PDP COPAYS	78		\$323.35				\$323.35
OTHER 3RD PARTY COPAY	8		\$56.33				\$56.33
HMO	224	\$18,874.45		\$216.65	(\$5,279.69)	(\$4,143.42)	\$9,687.99
MEDICARE (MC1)	518	\$29,658.88		\$708.00	(\$3,867.82)	(\$7,949.72)	\$18,549.34
MEDICAID (NYM)	486	\$58,414.65	\$75.41	\$313.22	(\$187.74)	(\$17,562.04)	\$41,053.50
PMA							
TOTAL	1543	\$126,857.50	\$455.09	\$2,511.24	(\$9,411.35)	(\$36,017.22)	\$84,495.26
							\$84,495.26
STOCK DRUGS	Account#	Amount		Account#	Amount		
	88272	\$365.58					\$365.58
							\$365.58
							\$365.58
MISC. FLU	Account#	Amount		Account#	Amount		
MISC. E-BOX	Account#	Amount		Account#	Amount		
	87168	\$1,425.65					\$1,425.65
							\$1,425.65
							\$1,425.65
MISC:	Description				Amount		
STAT DOSE CHARGES	CVS PHARMACY CHARGES 4/05/09-4/11/09				\$1,131.83		
							\$1,131.83
							\$1,131.83
BALANCE DUE FOR JUNE 2009							\$87,418.32

ACCT: HTP	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILL TOP			
	1805 PROVIDENCE AVE.			
	NISKAYUNA, NY 12309		Period:	7/1/09-7/20/09
MAIL TO:	ADMINISTRATOR		PHONE:	
MAIL TO:	JEFF HOFFMAN IN BUSINESS OFFICE			
	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILL TOP			
	1805 PROVIDENCE AVE.		Date Sent:	8/17/09 CH
	NISKAYUNA, NY 12309			
PREVIOUS BALANCE BROUGHT FORWARD				
	Date	Amount	Date	Amount
PAYMENTS				
PREVIOUS BALANCE DUE				
CURRENT CHARGES				
PLAN	Rx Charges	COPAYS	PHARM DISC.	Total
	\$74,332.28	\$199.21	(\$22,299.68)	\$52,231.81
TOTAL	\$74,332.28	\$199.21	(\$22,299.68)	\$52,231.81
				\$52,231.81
MISC.				
	Description			Amount
BALANCE DUE FOR JULY 1, 2009 - JULY 20, 2009				\$52,231.81
TOTAL BALANCE DUE:				\$52,231.81
Date		Amount		
7/1/09-7/20/09		\$52,231.81		
TOTAL				\$52,231.81

EXHIBIT F

Rosewood Gardens Monthly Invoices for 1/1/09 – 7/20/09

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: RSD		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD																					
		284 TROY ROAD																					
		RENSSELEAR, NY 12144		Period: 1/5/09-1/31/09																			
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE		PHONE: REVISED 6/5/09 CH																			
		DEBBIE BREININGER@NORTHWOODSHEALTH.NET																					
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILL TOP																					
		1801 PROVIDENCE AVE.		Date Sent: 2/8/09 CH																			
		NISKAYUNA, NY 12308																					
PREVIOUS BALANCE BROUGHT FORWARD																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Date</th> <th>Amount</th> <th>Date</th> <th>Amount</th> <th>Date</th> </tr> <tr> <td>PAYMENTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Date	Amount	Date	Amount	Date	PAYMENTS											
	Date	Amount	Date	Amount	Date																		
PAYMENTS																							
PREVIOUS BALANCE DUE																							
CURRENT CHARGES																							
		Residents: 41																					
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits																		
CASH	67	\$2,259.12		\$428.62																			
PDP COPAYS	24		\$349.12																				
OTHER 3RD PARTY COPAY																							
HMO	28	\$4,380.73		\$12.99																			
MEDICARE (MC1)	169	\$10,066.42		\$168.47	(\$192.31)																		
MEDICAID (NYM)	16	\$1,388.98			(\$3,012.77)																		
PMA	5	\$718.71			(\$416.69)																		
					(\$215.61)																		
TOTAL	309	\$18,813.94	\$349.12	\$610.08	(\$192.31)																		
					(\$5,769.51)																		
					\$13,811.32																		
					\$13,811.32																		
STOCK DRUGS	Account#	Amount		Account#	Amount																		
	86274	\$405.83																					
					\$405.83																		
					\$405.83																		
MISC. FLU	Account#	Amount		Account#	Amount																		
MISC. E-BOX	Account#	Amount		Account#	Amount																		
MISC:	Description			Amount																			
BALANCE DUE FOR JANUARY 2009																							
TOTAL BALANCE DUE:																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date</th> <th>Amount</th> </tr> <tr> <td>REV JAN-09</td> <td>\$14,217.15</td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>						Date	Amount	REV JAN-09	\$14,217.15	TOTAL													
Date	Amount																						
REV JAN-09	\$14,217.15																						
TOTAL																							
Am't Paid																							
Balance Due																							

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: RSD		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD			
		284 TROY ROAD			
		RENSSELEAR, NY 12144		Period:	2/1/09-2/28/09
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE		PHONE:	
		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET		REVISED SENT	6/6/09 CH
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP			
		1805 PROVIDENCE AVE.		Date Sent:	3/07/09 LA
		NISKAYUNA, NY 12309			
PREVIOUS BALANCE BROUGHT FORWARD					\$14,217.15
		Date	Amount	Date	Amount
PAYMENTS					
PREVIOUS BALANCE DUE					\$14,217.16
CURRENT CHARGES		Residents: 44			
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits
CASH	43	\$940.57		\$301.83	(\$309.52)
PDP COPAYS	28		\$161.53		(\$279.86)
OTHER 3RD PARTY COPAY	13		\$64.00		
HMO	56	\$4,207.38		\$13.24	(\$13.61)
MEDICARE (MC1)	121	\$4,666.03		\$66.20	(\$531.56)
MEDICAID (NYM)	11	\$754.17		\$20.46	(\$129.89)
PMA	12	\$1,064.59		\$40.92	(\$30.60)
TOTAL	284	\$11,632.74	\$225.53	\$442.65	(\$1,015.18)
					\$7,967.66
STOCK DRUGS		Account#	Amount	Account#	Amount
		85616			
		86274	\$1,295.07		
					\$1,295.07
MISC. FLU		Account#	Amount	Account#	Amount
MISC. E-BOX		Account#	Amount	Account#	Amount
MISC:		Description		Amount	
BALANCE DUE FOR FEBRUARY 2009					\$8,262.78
					Paid (6,238.80)
					Balance Due 3,023.95

CHEM RX
750 Park Place
Long Beach, NY 11561
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FAX 516-889-8732

ACCT: RSD		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD					
		284 TROY ROAD					
		RENSSELEAR, NY 12144		Period:		3/1/09-3/31/09	
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE		PHONE:			
		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET				REVISED SENT: 6/8/09 CH	
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP					
		1806 PROVIDENCE AVE.		Date Sent:		4/08/09 LA	
		NISKAYUNA, NY 12308					
PREVIOUS BALANCE BROUGHT FORWARD							\$23,479.89
		Date	Amount	Date	Amount	Date	
PAYMENTS							
PREVIOUS BALANCE DUE							\$23,479.89
CURRENT CHARGES		Residents: 44					
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC	Total
CASH	27	\$722.12		\$244.59	(\$57.35)	(\$272.81)	\$636.55
PDP COPAYS	38		\$73.74				\$73.74
OTHER 3RD PARTY COPAY	5		\$31.00				\$31.00
HMO	86	\$6,046.85		\$144.03	(\$93.64)	(\$1,829.17)	\$4,268.07
MEDICARE (MC1)	177	\$11,451.80		\$147.80	(\$207.78)	(\$3,417.61)	\$7,974.41
MEDICAID (NYM)	6	\$509.67				(\$152.90)	\$356.77
PMA	28	\$2,258.31				(\$677.48)	\$1,580.82
TOTAL	347	\$20,988.85	\$104.74	\$536.52	(\$358.77)	(\$6,349.98)	\$14,821.36
							\$14,821.36
STOCK DRUGS		Account#	Amount	Account#	Amount		
		85816					
		86274	\$236.60				
						\$236.60	\$236.60
MISC. FLU		Account#	Amount	Account#	Amount		
MISC. E-BOX		Account#	Amount	Account#	Amount		
MISC:		Description				Amount	
STAT DOSE PHARMACY CHG	CVS PHARMACY CHARGES 1/08/2009					\$154.99	
PDP REBILLING	HOHENSTEIN, HELENE 2/02/2009					(\$80.94)	
PDP REBILLING	MOONEY, ANN 2/21/2009					(\$3.76)	
PDP REBILLING	STILLWORTH, RUTH 2/06/2009					(\$26.24)	
						\$44.05	\$44.05
BALANCE DUE FOR MARCH 2009							\$15,202.01

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: RSD		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD					
284 TROY ROAD		RENSSELEAR, NY 12144		Period:		4/1/09-4/30/09	
MAIL TO:		DEBBIE BREININGER: FINANCE OFFICE		PHONE:			
		DEBBIE BREININGER@NORTHWOODSHEALTH.NET				REVISED SENT: 6/3/09 CH	
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP					
		1805 PROVIDENCE AVE.		Date Sent:		6/06/09 LA	
		NISKAYUNA, NY 12309					
PREVIOUS BALANCE BROUGHT FORWARD							\$38,681.90
PAYMENTS		Date	Amount	Date	Amount	Date	
PREVIOUS BALANCE DUE							\$38,681.90
CURRENT CHARGES			Residents: 57				
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC.	Total
CASH	59	\$2,197.01		\$378.68	(\$60.92)	(\$753.83)	\$1,758.94
PDP COPAYS	21		\$87.03				\$87.03
OTHER 3RD PARTY COPAY							
HMO	133	\$12,524.72		\$36.23	(\$546.65)	(\$3,604.29)	\$8,410.01
MEDICARE (MC1)	105	\$7,447.83		\$177.14	(\$507.19)	(\$2,135.33)	\$4,982.45
MEDICAID (NYM)	6	\$707.48				(\$212.24)	\$495.24
PMA	32	\$1,703.10		\$81.58	(\$625.48)	(\$341.76)	\$797.44
TOTAL	356	\$24,580.14	\$87.03	\$651.63	(\$1,740.24)	(\$7,047.46)	\$16,531.10
							\$16,531.10
STOCK DRUGS		Account#	Amount	Account#	Amount		
		85616					
		86274	\$84.50				
						\$84.50	
						\$84.50	
MISC. FLU		Account#	Amount	Account#	Amount		
MISC. E-BOX		Account#	Amount	Account#	Amount		
MISC:		Description			Amount		
BALANCE DUE FOR APRIL 2009							\$16,615.60

CHEM RX
750 Park Place
Long Beach, NY 11561
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FAX 516-889-8732

ACCT: RSD		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD					
		284 TROY ROAD					
		RENSSELEAR, NY 12144		Period:		5/1/08-5/31/08	
		NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP					
		1603 PROVIDENCE AVE.		Date Sent:		6/04/09 LA	
		NISKAYUNA, NY 12309					
MAIL ATTN:		DEBBIE BREININGER: FINANCE OFFICE		DEBBIE.BREININGER@NORTHWOODSHEALTH.NET			
MAIL ATTN:		ADMINISTRATOR					
PREVIOUS BALANCE BROUGHT FORWARD							
							\$54,741.74
PAYMENTS		Date	Amount	Date	Amount	Date	
		5/18/2009	(\$8,484.40)				
							(\$8,484.40)
PREVIOUS BALANCE DUE							
CURRENT CHARGES							
				Residents:		51	
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC.	Total
CASH	72	\$1,940.07		\$414.62	(\$18.74)	(\$700.79)	\$1,635.17
PDP COPAYS	24		\$276.44				\$276.44
OTHER 3RD PARTY COPAY	3		\$9.00				\$9.00
HMO	57	\$7,228.54				(\$2,168.56)	\$5,059.98
MEDICARE (MC1)	132	\$10,066.52		\$248.87		(\$3,093.96)	\$7,219.23
MEDICAID (NYM)	11	\$997.02				(\$299.11)	\$697.91
PMA	29	\$2,106.98				(\$632.09)	\$1,474.89
TOTAL	328	\$22,339.13	\$285.44	\$661.29	(\$18.74)	(\$6,894.50)	\$16,372.62
							\$16,372.62
STOCK DRUGS		Account#	Amount	Account#		Amount	
		85616					
		86274	\$84.50				
							\$84.50
							\$84.50
MISC. FLU		Account#	Amount	Account#		Amount	
MISC. E-BOX		Account#	Amount	Account#		Amount	
MISC:		Description				Amount	
BALANCE DUE FOR MAY 2009							\$16,457.12

CHEM RX
750 Park Place
Long Beach, NY 11561
PHONE 516-889-8770
FAX 516-889-8732

ACCT: RSD	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD					
	284 TROY ROAD					
	RENSSELAIR, NY 12144					
				Period:	6/1/09-6/30/09	
	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-MILLTOP					
	1608 PROVIDENCE AVE.			Date Sent:	7/10/09 LA	
	NISKAYUNA, NY 12309					
MAIL ATTN:	Brenda Tanner: FINANCE OFFICE		brenda.tanner@northwoodshealth.net			
MAIL ATTN:	ADMINISTRATOR					
PREVIOUS BALANCE BROUGHT FORWARD						\$63,270.22
	Date	Amount	Date	Amount	Date	
PAYMENTS	JAN-09 ADJ.	(\$124.55)				
						(\$124.55)
PREVIOUS BALANCE DUE						\$63,145.67
CURRENT CHARGES						
	Residents: \$2					
PLAN	Total RXs	Rx Charges	Co-Pays	OTC Charges	Rx Credits	PHARM DISC Total
CASH	61	\$1,528.87		\$301.27	(\$85.28)	(\$523.46) \$1,221.40
PDP COPAYS	50		\$517.12			\$517.12
OTHER 3RD PARTY COPAY						
HMO	85	\$8,981.37		\$73.10	(\$835.08)	(\$2,459.82) \$5,739.57
MEDICARE (MC1)	125	\$8,082.04		\$298.52	(\$1,485.36)	(\$2,061.96) \$4,811.24
MEDICAID (NYM)	15	\$1,138.87				(\$341.56) \$787.21
PMA	40	\$2,428.02		\$25.41	(\$25.68)	(\$728.33) \$1,686.43
TOTAL	376	\$22,118.17	\$517.12	\$696.30	(\$2,431.40)	(\$6,115.22) \$14,785.97
						\$14,785.97
STOCK DRUGS						
	Account#	Amount		Account#	Amount	
	85616					
	88274	\$1,000.56				
						\$1,000.56
						\$1,000.56
MISC. FLU						
	Account#	Amount		Account#	Amount	
MISC. E-BOX						
	Account#	Amount		Account#	Amount	
MISC:	Description				Amount	

ACCT: RSD	NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-ROSEWOOD 284 TROY ROAD RENSSELEAR, NY 12144						Period:	7/1/09-7/20/09	
MAIL TO:	ADMINISTRATOR						PHONE:		
MAIL TO:	JEFF HOFFMAN IN BUSINESS OFFICE NORTHWOODS REHAB. AND EXTENDED CARE FACILITY-HILLTOP 1805 PROVIDENCE AVE. NISKAYUNA, NY 12309						Date Sent:	8/17/09 CH	
PREVIOUS BALANCE BROUGHT FORWARD									
	Date	Amount	Date	Amount	Date				
PAYMENTS									
PREVIOUS BALANCE DUE									
CURRENT CHARGES									
PLAN	Rx Charges	COPAYS	PHARM DISC.	Total					
	\$9,547.13	\$585.14	(\$2,864.14)	\$7,268.13					
TOTAL	\$9,547.13	\$585.14	(\$2,864.14)	\$7,268.13	\$7,268.13				
MISC:	Description	Amount							
BALANCE DUE FOR JULY 1, 2009 - JULY 20, 2009									\$7,268.13
TOTAL BALANCE DUE:									\$7,268.13
Date		Amount							
7/1/09-7/20/09		\$7,268.13							
TOTAL		\$7,268.13							